Losina

ADDRESS

William H. James Jr. Princess Anne, Md

Crisfield.Maryland

24a. REC'D BY REGISTRAR

DATE FEB 2 3 '60

24b. REGISTRAR'S SIGNATURE

Chilling & Thous

VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

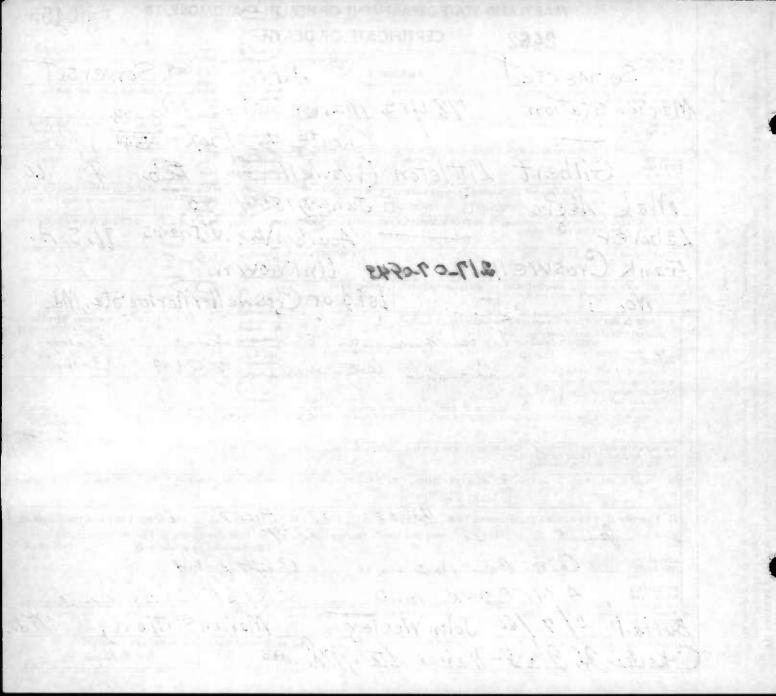
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		AND THE RESERVE		

CERTIFICATE OF DEATH 2462 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY 10 Merse MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town arion Stallen d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 4. DATE OF DEATH NAME OF Year DECEASED Tilbert 1960 (Type or print) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years (Thday) Months Days Hours WIDOWED [DIVORCED | USUAL OCCUPATION (Give ked of wark dane 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, each if retired) 12. CITIZEN OF WHAT COUNTRY? Acc. Co. Va. Withams MYNOWY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO roswell-Marion Sta, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) my DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour o.m While Not while ot work ot work 196 Ahat I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2.32M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) DATE THEREO 220. BURIAL, CREMATION, 22h LOCATION (City, town, or county) (Stote)

V240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE althon S. Krous

TO FUNERAL page VS A15 (4) 1SM 9/S8

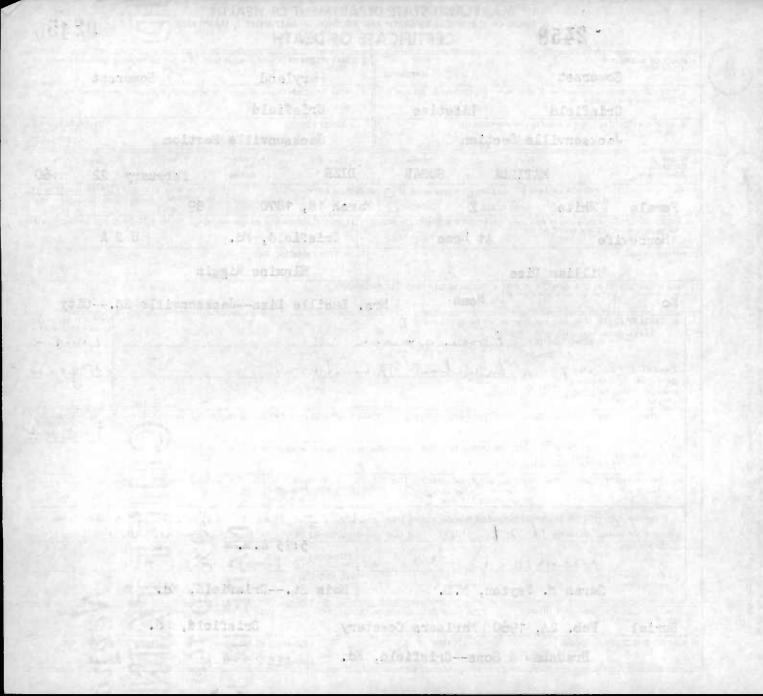


MARYLAND STATE DEPARTMENT OF HEALTH OLIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02458

	4498	CERTIFIC	ATE OF DEATI	H		'	36200
1. PLACE OF DEATH a. COUNTY S	omerset	MARYLAN	2. USUAL RESIDENCE (Vo. STATE Maryla		b. COUNTY	Residence before Somerset	
RURAL and give r	(If outside corporate limits, writh nearest tawn) risfield	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I		limits, write RUR	AL and give nec	irest town)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give streets acksonville Se	etion	d. STREET ADDRESS Jackso	onville S	ection		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MATILD	Middle	DIZE	4. DATE OF DEATH	Month Febru	pary 22	
S. SEX Female		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 18, 18	-		UNDER 1 YEAR Months Doys	Hours Min.
10a. USUAL OCCUPATI during mast af wa Housewi	ON (Give kind af work done liking life, even if retired)	Ob. KIND OF BUSINESS OR IN	Crisfie		ry)	U S A	WHAT COUNTRY
13. FATHER'S NAME	William Dize		14. MOTHER'S MAIDEN	NAME Kine Rigg	in		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	W.L.	Mrs. Lucille	DizeJac	Address ksonvill		City
Conditions, if a gave rise to cause (o), stoling lying cause last	immediate (DUS TO	As CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CO	ondition given	I IN PART 1(0) 1	PERFORMED?
20a. ACCIDENT W	G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Doy, Yeor 20c		RRED. (Enter nature of injury in PLACE OF INJURY (Hame, fa factory, street, office bldg., of	irm, 20f. (City or		(County)	YES NO (Stote
saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S	Joseph M.	Perton	M.D. ATTENDING PHYS. 22d. ADDRESS	M, fram the	staff		at (1) (we) las stated abave 22b. DATE SIGNEI
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL)		23c. NAME OF CEMETER		23d. LOCATION	City, town, or celd, Md.		(Stote)
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS SonsCrisfiel	3 3/2	C'D BY REGISTRAF		AR'S SIGNATURE & Krau	

TO HOSPITAL OF may be retail TO FUNERAL D. VR A1S (4) 15M 9/S9



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2460	CERTIFICATE	OF DEATH	

CEPTIFICATE OF DEATH

02457

		OEI(II	1107	TIE OI D	LAII			Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Somerset		MARY	(LAND	2. USUAL RESID o. STATE Maryl	-	era deceased	b. COUNT Somer	Υ ,	e before	odmissi	an)
b. CITY OR TOWN (If outside corporate & RURAL and give nearest tawn)	imits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpo	rate limits, write	RURAL and g	ive neare	st town)	
Princess Anne		Life Tim	e	X Prin	cess	Anne					
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	, give street	oddress)		d. STREET A						IS RESI	DENCE FARM? NO [
3. NAME OF DECEASED (Type or print) Mary	First	Middle V	Dorm	Lost		4. DATE OF DEATH	Mo	onth .	Day		ear
5. SEX 6. COLOR OR RAC	E 7 4460			DATE OF BIRTH	4			-	1 VEAD IS		9 60
Female Colored	WIDOW	RIED NEVER MARRI ED M DIVORCE		1 1 0	99		9. AGE (In year last birthdoy)	Months		Haurs	Min.
10a. USUAL OCCUPATION (Give kind of wo	rk dane 10b.	KIND OF BUSINESS C	R INDUST	TRY 11. BIRTHPL	ACE (Stote	ar foreign co	ountry)	12. CIT	ZEN OF	WHAT	COUNTRY
during mast of warking life, even if retire House wife		ouse work		Man	vlan	2		7	T C	A	
13. FATHER'S NAME	1110	JUDG MOIN		14. MOTHER'S	V				,,,	-	
William Blunt				Larah	4_13	ghter	,				350
1S. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no. or unknown) (If yes, give wor or dates		SOCIAL SECURITY NO	. 17. IN	FORMANT			Ad	dress		-	
(if yes, give wor or odies	22	22-05-106	o Ma	ble Wh	ite.	Pnir	icess A	nne.I	onu.	lan	7
18. CAUSE OF DEATH [Enter only one	cause per fin		41-4-100	A	100		icess a	unie pr		AL BET	
PART I. DEATH WAS CAUSED BY	1:	Julano.	aD.	1 1					ONSET	AND	DEATH
IMMEDIATE CAUSE		000000	400	7-10	· mi	_			4	MA	7.
443 X DUE	10	1 10 000 1 6	0.5	1.	10	111	1.01		-	11.	
Conditions, if any, which	(b)	BOUNT !	300	gra	110	9MT 1	u de!		1	ala	40.
gave rise to immediate DUE	то	11		0 .	0	H = 11	1	3	0	1	1
lying cause last.	(c)	AND DOWN	In.	rue (are	ero V	asau	con) 4	rs.
PART II. OTHER SIGNIFICANT CO	SUDITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO	THE TERMI	VAL DISEASI	CONDITION G	IVEN IN PART			UTOPSY
PART II. OTHER SIGNIFICANT CO	JIA	Solen							,	PERFOR	NO D
	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of	injury in P	ort I ar Part	II of item 18.1				110
OR CONTRIBUTING CAUSE OF DEAT	HI										
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.		NJURY OCCURRED	20e. PLAC	CE OF INJURY (H	lame, farm,	20f. (City	or town)	(0	aunty)		(State)
Hour a.m.	While at war	Not while	Tocic	ary, street, affice	blog., etc.	'					
	as Issued	ed from Mu	Le r	10 5/	. 1		5	ed he			
21. I certify that I attended the	/			, 19(9 10 3			2.,that I l			
alive an T	, 19.4	and that	death	occurred at_	4		the causes		e date		
ACTUAL K		1 ()	. 1	L	/ -	ADDRESS (SI	reet, gift or town	, state)	0	DA	TE SIGNE
SIGNATURE	an	6 Juge	ma	.b.	100	1 Cly) Ju	ny	1	21	6/6
PHYSICIAN'S B' FR	NA	K A	161	ANTI						/	1
220. BURIAL, CREMATION, 22b. DATE THER	EOF	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)
Burial 2/8/60			slev			70 .			0 2077		
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	PTEA		24+ BECIE	BY REGIST		nne, N		Lan	a
***				7.30	E			Irthur S.	4 .		
William H. James	Jr. Pr	incess A	nne.	Md	DATE F	ו כע		summy s.	/ Craw	or.	

TO HOSPITAL OR VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTICICATE OF DEATH

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may be retaint by the hospital or ottending physicion. **3 FUNERAL D. CIOR:** After this certificate has been signed by the ottending physicion and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoul the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours office death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours often deoth. Page 4 TO HOSPITAL OR TO FUNERAL D

VR A15 (4) 15M 9/59

		CERTIFICA	AIL OI DEAT		
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	o STATE	Where deceased lived. If institut b. COUNTY	
b. CITY OR TOWN RURAL ond give	(If outside corporole limits, negrest town) Crisfield	write c. LENGTH OF STAY IN 16		If outside corporate limits, write I	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	E. Chesapeak	street address) Ce Ave. Ext.	d. STREET ADDRESS	hesapeake Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	Middle	GANDY	4. DATE Mo OF DEATH Februar	
s. sex		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In yeors last birthdoy) 88 yrs	IF UNDER 1 YEAR IF UNDER 24 HE Months Days Hours Min.
during most of wo	ION (Give kind of work don orking life, even if retired) afood Packer	Seafood		New Jersey	12.CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME			14. MOTHER'S MAIDE		
	Elmer Gandy		Mary Eli:		
15. WAS DECEASED EV (Yes, no. or unknown)	(If yes, give wor or dates of service None	:e)	informant irs. Daisy N.		apeake Ave. Ext.
Conditions, if gove rise to couse (o), stotin lying couse los:	g the under-	Cerolal	Thron	Losi	10 ges
CATIO	Simil:	freezeway.	4		IVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] 20 IG [] CAUSE OF DEATH TY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m p. m	10		PLACE OF INJURY (Home, f foctory, street, office bldg.,		(County) (Sto
		ottended the deceosed from	death occurred of		nd on the dote stated obov
22o. SIGNATURE	Sarah M	. Parton	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	2/24/6 G
22c. PHYSICIAN'S NAME (Type)		eyton, M. D.	22d. ADDRESS	isfield, Maryla	nd
23a. BURIAL, CREMAT REMOVAL Specif	Feb. 21, 1	960 Sunnyridge		23d. LOCATION (City, town, Crisfield, M	aryland
24. FUNERAL DIRECTO		ADDRESS sfield, Maryland			SISTRAR'S SIGNATURE Lithun S. Krama

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	and the little of the state of	con, N. d. III	Service Confess	
5(47)	at Martine	a. mr. Prymal 00	21, 12 de	La Testa
		builtenst a fal	lalid stad ()	miabrel

(Stote)

23d. LOCATION (City, town, or county)

25a. REC'D BY REGISTRAD

DATE

Crisfield, Maryland

256. REQUITERAR STEIN ATURELA

death. Page 4

rely filled in by the funeral difference of a specified pages 1 and 2 should be filed 10R: After this certificate has been signed by the attending physicion and campletely filled \$2 haurs after death Then please remove corbon papers. within ond in any event cremation, ar remaval,

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

detached for use as the buriol-transit permit. hospital ar attending physician page 3 shauld be detached for use as the the State Board of Health prior to burial, TO FUNERAL DI

		14 D	17 1	CERTII	10/1								
	PLACE OF DEATH o. COUNTY	Somerset		MARY	LAND	2. USUAL RES	Mary]		d lived. If instituti b. COUNTY	on: Resider			ion)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town) Fairmount	s, write	c. LENGTH OF STAY 18 month		c. CITY OF	TOWN (IF		prote limits, write R	URAL ond	give ned	arest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g				d. STREET		aryla	nd Ave.				IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	GEORG!		Middle M.		HAND	rst Y	4. DATE OF DEATH	Februar		25		Yeor 19 60
5.	Male Male	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	-	arch 1		07	9. AGE (In years lost birthdoy) 52 yrs.	Months Months	1 YEAR Days	Hours Hours	R 24 HRS. Min.
100		king life, even if retired		. KIND OF BUSINESS O	R INDUS	Cris	field,	Mary:			JSA	WHATC	OUNTRY?
13.	FATHER'S NAME	George S.	andy	7		14. MOTHER Anni	MAIDEN						
		R IN U. S. ARMED FOR (If yes, give war or dates of s None		. SOCIAL SECURITY NO		formant to Hand	y, 302	2 Mary	Add land Ave.		lsfi	eld,	Md.
	PART I. DEA 422 Conditions, if o gove rise to i couse (o), stoting	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate (CAUSE DESCRIPTION OF TO))	ine for (0), (b), and (c).		10	nyo	card	Pitis			ERVAL BE	
CATION	PART It. OTH) (c HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED	O THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(0) 1	PERFO	AUTOPSY ORMED?
CERTIFIC	20g. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY O	CCURRED	. (Enter noture	of injury in	Port I or Por	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	While	Not while		CE OF INJURY tory, street, off			y or town)	(County)		(Stote)
	saw the decea	-		ded the deceased 23 19 60 and				28, ta	the causes ar				we) last abave.
	220. SIGNATURE	9.107	and	man	٨	ATTENDI	X 0	AED.	STAFF PHYS.		70	b 2	SIGNED
	22c. PHYSICIAN'S NAME (Type)	E. G. Marl	smar	n, M. D.		22d. ADD		rinces	s Anne, N	aryla	and		

23c. NAME OF CEMETERY OR CREMATORY

Lawsonia Cemetery

ADDRESS

VR A15 (4) 15M 9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

Feb.

27, 1960

Bradshaw & Sons, Crisfield, Maryland

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Page of			Jeg room.	
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	10.71		diffe. A mount	

VS A15 (4) 1SM 9/SB

02460

CERTIFICATE OF DEATH

Rea. Dist. No.

-	
1.	PLACE OF DEATH o. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Somerset MARYLAND
5	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLICAN SIZ, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLICAN SIZ, C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) John John Jackson DEATH Feb. 25, 1960
S.	SEXMale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Just 1890 9. AGE (In years last birthday) and birthday) by yrs. Wildowed Divorced Divorced July 8, 1890 9. AGE (In years last birthday) by yrs. Months Days Hours Min.
100	USUAL OCCUPATION (Give ked of work done done done done down to the first of working life, each if retired) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME / LZCKSON LANGE E. LZne.
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Jackson - Marumsco, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Route Sil, of heart - Uremia 3 02 4 2 hz
	Conditions, if any, which gave rise to immediate couse (a), stating the under DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO
z	lying cause lost. (c) (C
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work at work
	21. I certify that I attended the deceased fram. Jan. 25, 1960, to 726, 1960, that I last saw the deceased
	alive an Tale 23, 1966, and that death occurred at 5: 45/M, from the causes and an the date stated abave.
	ACTUAL SIGNATURE Jeorge Coulborn M.D. MARION STATION, MD. 2-26-60
	PHYSICIAN'S GEER 80 C. COULBOURN MD. MARION STATION - Md
120	BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY MAYUMS CO., Store) REMOVAL (Speedfy) REB, 29, 1960 EBENEZEY MAYLUMS CO., Md.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LA DATMAR 2 160 CATHUR S. FLAME

HTARG TO BEACHTERS ___ MAY Tarrania de la Company de la C Sales 25 and Marriage Carden English Medical May a marie of the Mark Market State of Sales and Sales AC. The State of t was a first of the second of t ARREST TO THE WAS A PARTY OF THE WARRENCE OF THE PARTY OF Partie Commence of the Commenc Little describe March College and a March March College and the College and th

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the official, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 approach be retained in TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 wars after death.

V5. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2465

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02461 Reg. Dist. No.

	LACE OF DEATH	Somerset	MARY	0	SUAL RESIDENCE		b. COUNT			mission)
ь	. CITY OR TOWN (If and give nearest fown)	outside corporate limits, write RUR	c. LENGTH OF STAY	N 1b C	CITY OR TOWN		porote limits, write	RURAL and	give nearest	iown)
d	NAME OF HOSPITA	J. B. Green	in hospitat, give street address Farm) 1	J. B	. Green	Farm		OI	RESIDENCE N A FARM?
	NAME OF DECEASED Type or print)	JOHN	EDWARD		JONES	4. DATE OF DEATH	Februar		Doy 5	Year 19 60
5. S	Male	Negro wi	MARRIED NEVER MARRIED DOWED DIVORCED	Jan	. 24, 19		9. AGE (In years last birthday) 6 yrs.	-	YEAR IF UN	7
10a. d	USUAL OCCUPATIO uring most of working None	N (Give kind of work done life, even if retired)	None (Infan	ndustry 11	. BIRTHPLACE (Sto	ole or foreign o	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
13.	FATHER'S NAME	ohn Jones, J	r.		Glenda A					
	WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give war or dates of service None	? 16. SOCIAL SECURITY NO. None	Mrs.		ones, N	Address Marion, M	d.		
	PART I. DEATI	H [Enter only one cause p H WAS CAUSED BY: MMEDIATE CAUSE (o)	er line for (o), (b), ond (c).] Suffocation	n in f	ire.				Sudde	HTASC
	Conditions, if on gave rise to immed (a), stoling the u couse last.	ote couse	House Burn			n. Cor	uplette	(Sudde	n
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MET									
MEDICAL CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY DECY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or put 11 of item 18.) Dwelling fire. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 7:00 0. m. 2/5/ 1960 DEPUTY MEDICAL EXAMINER (County) While Not while of work									
	21. I certify that) taok charge af the remains described above, held an Autopsy, Inspection 🗷, Inquiry 🗷, and in my opinion death resulted from: Natural causes, Accident 🗷, Suicide, Homicide, Undetermined manner									
	ACTUAL SIGNATURE	.Ittoul	bourn	M.D.	CHIEF MEDICAL ASSISTANT MEDI				DATE	SIGNED
			lbourn, M. D.		DEPUTY MEDICA	L EXAMINER	2		2/6/6	
	Burial (Specify)	Feb. 8, 196			ery	Power	TION (City, lown, noke City	, Md.		ote)
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS MA			C'D BY REGIST		strar's sigi		

ATTEMPT TO STATE OF THE PARTY OF THE PARTY. 20215 ACT TOPPED IN FERENCE OF THE PARTY OF THE PAR LIBERTO INCOMETED BESIDE TO LET JET 24, 1954 . 10 . 60m . uica to and the particle which the art of the particle with Surrecrision in thee. THE WOOD BUILDING TO BUILD . solf szillewi The Court of the C The second of the state of the second of the Minimum and the management of the first state of the stat the Law to solding you with the contract of th Lot bleftsky stel "valablet.

Reg. Dist. No.

SOMERSET

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

MARYLAND

MARION STATION

b. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2466 CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 16

DAYS

MARYLAND

PLACE OF DEATH

SOMERSET

b. CITY OR TOWN (If outside corporate limits, write

CRISFIELD

RURAL and give nearest town)

o. COUNTY

directar, iled with filed uneral pe

Poge 4

requires that the death certificate be executed within 24 haurs

in by she fune

Poges 1 o tion and canner or corbon popels. physicion offending d þ permit. After this certificate has been signed toched for use as the burial-transit burial, cremation, ar remaval, and or offending physicion.

TO FUNERAL DIA page 3 should b VS A15 (4)

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the registror priar

-	OR INSTITUTION	TAL (If not in hospital, giv	MEMO HOSP	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First E_{DD} .	Middle	OLIVER	4. DATE OF DEATH F_{EB}	Month BR UAR Y	22 Year 1960
5. 5	MALE	ATTO CD O	7- MARRIED NEVER MARRIED NOT NEVER MARRIED NEVER	8. DATE OF BIRTH March 27, 1	last	E (In years birthdoy) yrs. IF UNDER	R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
100	. USUAL OCCUPATI during most of wor LABORI	king life, even if retired)	Seafood	USTRY 11. BIRTHPLACE (SIG		12. CIT	U.S.A.
13.	FATHER'S NAME JOSE1	PH OLIVER		SAR AH	?	100	
	WAS DECEASED EV	ER IN U. S. ARMED FORC (If yes, give war or dates of sen		INFORMANT [ARY AMES,	MARION	Address STATION	, MARYLAN
MEDICAL CERTIFICATION	Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUITHOUT o. m. p. m. 21. I certify, the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	HER SIGNIFICANT COND AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19 not I attended the conditions of the condi	While of work Not while of work of work / State of two from Full / Stat	PLACE OF INJURY (Home, for foctory, street, office bldg., 19 60 ta	orm, 20f. (City or towetc.)	tem 18.) 19. C4that I loauses and an thity or town, state)	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO County) (Stote date stated abave DATE SIGNER
220	BURIAL, CREMATIC REMOVAL (Specify Burial	DN, 22b. DATE THEREOF				city, town, or county)	(Stote)
	FUNERAL DIRECTOR	Feb. 23, 1	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SI	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2467 CERTIFICATE OF DEATH

02463

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physician.

FUNERAL D CTOR: After this certificate has been signed by the attending physician and completely fixed in by funeral director, age 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages I and 3 should be filed with e State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

10	10	pod
VR 15/	A15	(4)

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	é CERTITION	TE OF DEATH.		
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	b. COUNTY	ion: Residence before admission) Somerset
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give negrest town). Cristical	c. LENGTH OF STAY IN 16 50 Years	c. CITY OR TOWN (I	f outside corporate limits, write f ield	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give strong INSTITUTION R. F. D. Hoper	eet oddress) #e11	d. STREET ADDRESS R. F.	D. Hopewell	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) ELSIE	Middle HUCHES	RIGGIN	4. DATE MO OF DEATH Febru	1-
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy) 80 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Ob. KIND OF BUSINESS OR INDU	The second second	te or foreign country) 1e, Delaware	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Aaaron Stoops			Hughes	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		rs. Jesse L.	LongR.F.D.	brisfield, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO (c)	rall - Acred	intel		p will
, (0)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 100. OR CONTRIBUTING 100. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of item 1B.)	eroditaYES [] NO [
Hour d. m. Jan 32 was W	d. INJURY OCCURRED 20e. Phile Not while work of work	ACE OF INJURY (Home, forctory, street, office bldg.,	orm, 201 (City or town)	Screened De
21. I certify that (I) (this haspital) att	ended the deceased fram.			1944, that (I) (we) la
220. SIGNATURE	eyton	1:15	MED. STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyt	ton, M.D.	22d. ADDRESS Main St	Crisfield, M	u.
236. BURIAL, CREMATION, 236. DATE THEREOF Feb.25, 196	23c. NAME OF CEMETERY CO. Sunnyridge Co.		23d. LOCATION (City, town, Crisfield, N	
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons	ADDRESS —Crisfield, Md			Istrar's SIGNATURE

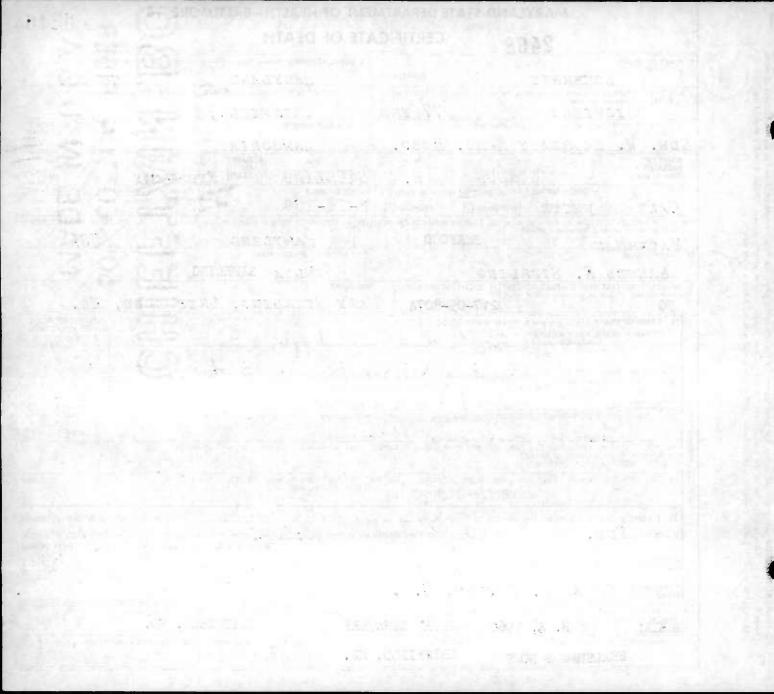
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02464

2468

Reg. Dist. No.

	1. PLACE OF DEATH				2. USUAL RE	SIDENCE (WI	here deceased	lived. If instituti	on: Resider	ice befo	re admissi	on)
il	CY	OMERSET	-	MARYLANI	O. SIAIL	MARY	LAND	b. COUNTY	So.	MER	SET	
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If	outside corpoi	rote limits, write R	URAL ond	give nec	rest town)
	CRIS.	FIELD		77 YRS	: 39	CRIS	FIELL					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET	ADDRESS					e. IS RESI	DENCE FARM?
	EDW. W.	MCCREADY	ME	MO. HOSP.		LAWS	ONIA					NO.
1	3. NAME OF DECEASED	Fir		Middle	ı	ast	4. DATE	Mon	th	Da	y Y	'ear
	(Type or print)		RDO		STERI	ING	DEATH	FEBRUA	RY	2	1	960
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED				9. AGE (In years lost, bisthday)	Months Months	Days	Hours	R 24 HRS. Min.
	MALE	WHITE	WIDOWE		8-14-			// yrs.	WOMINS	Days	Hours	Min.
	10o. USUAL OCCUPATIO during most of works	N (Give kind of work a	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	IPLACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHATC	DUNTRY?
	WATERMA	•		SEAFOOD		MARY.				U	SA	
1	13. FATHER'S NAME				14. MOTHER	S'S MAIDEN	NAME					
	SAMUEL	20 0 0 - 20 - 1				ELLA	STER	LING			300	
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT			Add	ress			
	NO		21	7-05-8074	MARY S	TERL	ING,	CRISFI	ELD	, M	D .	
			use per lin	ne for (o), (b), and (c).]		1101	7 - 71			INTI	RVAL 8ET	WEEN
	PART I. DEAT	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	Co	when He	word	موم	Ser Fig.			1	a and	1
	260 X	DUE TO				1		,		119		
	Conditions, if on		Cen	chal Arter	cocle	wed	-15	1	- 29		y	-
	gove rise to in couse (o), stoting t			1				5-3-3	5 47		0	
	lying couse lost.	(c	1	edutes 19	eleter	2					7 7	Real
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?											
	3 3	onge &	-	med 1de	serve							NO 🗌
	PART II. OTH 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in	Port I or Port	t II of item 1B.)				
									20.0			
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	or 20d. IN While	Not while	PLACE OF INJURY foctory, street, off			or town)	(County)		(Stote)
	₽. m.	19		of work								
1	21. I certify the	at I attended the	decease	ed fram	31, 196	o , to 7	L. 7	1965	that I la	ast sav	the de	eceased
1	alive an FE	в. 2	_, 19_($6Q_{-}$, and that dec	th accurred o	4:50	PM from	the causes an	d an th	e date	stated	abave.
1		0		1 1				reet, city or town,				E SIGNED
1	ACTUAL SIGNATURE	Down	b	. Penton	M.D	33	W.12				2/3	2/60
1	PHYSICIAN'S C	M M	Dans	TON M D	^		1 -					
	NAME (Type)	ARAH M.	PEX	TON, M.D.		مند	peac	4,104		1		
	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY				ION (City, town,			(Stote)
1	BURIAL (Specify)		1960	ASBURY CEM	ETERY	97.11		FIELD, M				
	23. FUNERAL DIRECTOR'S			ADDRESS CRICETEI D	MD		D BY REGIST					
	DKA	DSHAW & SO	NS	CRISFIELD	, ru.	DATE F	B 8 '6	U Cu	Khung S.	9 Tras	4	



02465

ON A FARM?

YES NO IX

Year

1960

Rea. Dist. No.

Months

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN. ONSET AND DEATH

PERFORMED?

(Stote)

VS A15 (4)

1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATUR

22d. LOCATION (City, tawn, or caunty) Somerset

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 1 '60 arthur S. Frank THE STORES OF A PRINCED THE WILLIAM SEEDING COMMITTEEN AND A STORE OF A STORE

CERTIFICATE OF DEATH

and another than an one

ADDRESS

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR

FEB 26 '60

physicion. ottending

VS A15 (4)

15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

box in real. Tolero Suelfelo

Tolero Le tre Latigori comple d'estatel

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 7 FilmG256 2-11-60 et

CERTIFICATE OF DEATH

02467

	WZ 6 L			K	eg. Dist. 140.
1. PLACE OF DEATH	SOMERSET	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institution: b. COUNTY	Residence before admissions
RURAL ond give n	If outside corporate limits, write learest town) SFIELD	c. LENGTH OF STAY IN 16		utside corporote limits, write RUR	V
	TAL (If not in hospital, give street MCCREADY ME.		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First KATE	Middle	WOOD	4. DATE Month OF DEATH FEBRUA	RY 3 1960
S. SEX FEMALE	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-21-1882	Total Control of the	Anoths Doys Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote NEW YO		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
		NHOLD	JULIAI		
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		WARD L. L	And ON, CRISE	TELD, MD.
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	Heart		INTERVAL BETWEEN ONSET AND DEATH
592 X Conditions, if		retral Herry	aleago . L.	14 Hungagi	20 less.
gove rise to i couse (o), stoting lying couse lost.	the under. DUE TO	une lut		line repealer	es yes
PART II. OT	HER SIGNIFICANT CONDITIONS	contributing to DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	I IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port 1 or Port II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	While	£	ACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State
21. I certify the alive an Actual SIGNATURE	b 2 , 196	ed from Feb 2 e0, and that death	M.D. MARI	MA Mom the causes and ADDRESS (Street, city or town, sta	0/0/
TOTAL (Type)				ION, MARYLAN	
REMOVAL (Specify	Teb 3 1960	Manoker	10	22d CATION (City, town, or Muces H	me me
25. FUNERAL DIRECTOR	SIGNATURE	Agoress Princes	Horse 76 TE F	ED 0 100	MAR'S SIGNATURE

HE CONTRACTOR STATES HEZOTES-ENGLAND BY THE WORK OF THE PARTY OF THE PART ALL DEVELOPMENT AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY. THE STATE OF THE STATE OF TARROW BY MARKET TO BE AND